

Family Planning and Reproductive Health Fee Schedule Review Guide

Agency Name _____ Date Reviewed _____

Contact Person _____ Changes Needed _____

FPRH Reviewer _____ Date Approved _____

	Yes	No
The following appear on the fee schedule:		
Agency Name	_____	_____
Effective Date	_____	_____
Fees based on gross income	_____	_____

The income conversion table is in compliance with federal regulations:

No fee for $\leq 100\%$ FPL	_____	_____
Fee slid for 101-250% FPL	_____	_____
Full fee for 251+ % FPL	_____	_____
Fees vary with family size	_____	_____
At least 2 partial fee categories	_____	_____
Dollar amounts are accurate	_____	_____
Top categories are not smaller than bottom categories	_____	_____

Fees indicate that:

Discount increment for services is equal across all categories	_____	_____
Discount increment for supplies is equal across all categories excluding the increment between no fee and lowest partial fee	_____	_____

Fees for services include:

Initial and annual exams	_____	_____
Level 1 infertility education	_____	_____
Pregnancy tests	_____	_____
Chlamydia project tests	_____	_____

Fees for supplies include:

Cervical Caps	_____	_____
Condoms	_____	_____
Diaphragms	_____	_____
Emergency Contraceptive Pills	_____	_____
Hormonal IUD's/Mirena	_____	_____
Infertility Prevention Project treatment medications	_____	_____
Injections: Depo-Provera	_____	_____
IUDs	_____	_____
Pills	_____	_____
Spermicides	_____	_____
Vaginal Ring/Nuva Ring	_____	_____
Patch	_____	_____

All flat rated services or supplies are provided outside of the Title X project with non-grant related revenue.